

data consist, amongst others, of Diagnostic Related Groups (DRG), severity of illness, risk of mortality, number of procedures and comorbidity. Regression analysis was used to estimate the impact of these pathology-related parameters on the use of resources for medical imaging. **RESULTS:** All pathology-related parameters have a statistically significant impact on the consumption of medical imaging. Fifty-seven and three-tenths percent of the case wise variation in utilisation of resources can be explained by the different parameters. However, the interaction of DRG with the severity of illness in itself explains 46.7% of this variation. **CONCLUSIONS:** Pathology-related parameters, especially the interaction of DRG with the severity of illness, can be used to determine a lump sum fee that could partly (+/-50%) replace the in essence fee for service based payment system currently in practice.

**PHP16****GENERIC DRUG PRICES ARE TYPICALLY HIGHER IN CANADA THAN IN THE UNITED STATES**

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**OBJECTIVE:** This paper compares the prices of top selling generic drugs in Canada with prices for comparable generic products in the United States. **METHODS:** The research examined the prices of 27 top selling (in 2001) generic prescription medicines in Canada that were marketed in both Canada and the United States. The sample represented approximately 36% of total generic sales in Canada. For each of the generic medicines a representative presentation (strength/dosage form) was selected—generally the top selling presentation of the medicine. The prices were the Q1 2002 Canadian ex-factory prices as listed in the Québec provincial government formulary and the US Federal Supply Schedule (FSS) prices. These prices generally represent the best available prices in the two countries. **RESULTS:** Preliminary results indicate that of the 27 leading generic drug products examined, 21 had higher prices in Canada than in the U.S. By all measures Canadian generic prices of the sample drugs were higher than those in the U.S.: Mean: +155%; Weighted Mean: +37%; Median +51%. Annual savings in excess of C\$150 million would result if Canadians had access to FSS prices for the sample drugs. If the price differences seen in the sample can be extrapolated to all generic drugs available in Canada, the potential annual savings would exceed C\$400 million. **CONCLUSIONS:** It is generally accepted that the ex-factory prices of innovator (brand name) prescription drugs are significantly lower in Canada than in the United States. It was therefore surprising to find the opposite result for generic drugs. Several factors may contribute to higher Canadian generic prices. The Canadian generic industry is highly concentrated (relative to the US) with the market dominated by two large generics firms. Sec-

ondly, provincial government reimbursement policies discourage discounting and feature published formularies that typically establish ex-factory prices for all classes of customer.

**PHP17****SPANISH NATIONAL HEALTH SERVICE (NHS): PHARMACEUTICAL CONSUMPTION AND ESTIMATION OF THE SAVING WITH GENERIC DRUG PRESCRIPTIONS**

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**OBJECTIVES:** Spanish Health Administration has developed some regulatory actions to check the growth of drugs expenditure. Specifically, in 1999, Government approved a reference price system for many drug groups (homogeneous). Here, we present the initial data from a study of drug consumption and a estimation of the saving with the prescriptions of generic drugs. **METHODS:** This study was divided into 2 periods: 1990–1998 and 1999–2002. In the second, the influence of the reference price system implementation will be observed. Data from Spanish NHS about drug consumption were provided by the Ministry of Health and Consumer Affairs. We elaborated our own database. Consumption was expressed as PVP (price for sale direct to costumer, tax-free) by means of PTAM (Peseta Millions) or €M (Euro Millions), and was revised through CPI (Consumption Price Indexes, Base 1990). Information about PVP drugs was obtained from Official Drug Directory. DID (Dose for thousand inhabitants and for day) was also calculated according to DDD's standard—Nordic Council Medicines ATC/DDD, edition 1998. Saving estimation was calculated through PVP minimum criteria of prescription, since the reference price system had not been implemented yet. **RESULTS:** According to consumption data obtained, in 1998, top four therapeutic groups—29 active principles—explained almost 34% of the whole expense—286116.2 PTAM or 2458.33 €M. Besides, if the criterion of PVP minimum was applied, for the most usual format (package) per prescription, the average saving would be almost 7%. In the Spanish pharmaceutical market there are many prices for specific active principles, being possible to identify the biggest individual saving. **CONCLUSIONS:** Almost the third part of NHS pharmaceutical budget in 1998 was assigned at 29 active principles. The level of individual saving was significant in omeprazole (44%) or famotidine (40%), among others.

**PHP18****ESTIMATING THE ECONOMIC BURDEN OF HOSPITALIZATION DUE TO PATIENT NONADHERENCE IN CANADA**

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